↓ S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8 235				2. Fiscal Year Covered From:				
					1 / 1 / 2005 Through	n: 12 / 31	/ 2005	
3. Name and address of person filing.				4. Name, file number, and address of labor organization.				
Name JAMES SHOEMAKER				Name T.I.E.A.T.J.U.F.				
			•	Labor	Organization File Number 03	6976		
P.O. Box, Bldg., Room No., if any				P.O. Box, Building and Room Number, if any				
Street 7512 FAUNA			Street	Street 604 NORTH GREAT SOUTHWEST PKWY				
City	HOUSTON	4 North Classical Articles	rent en ster te missiste en Establishassische Mastelle en stermen stermen en eine eine der der der der der der	City	ARLINGTON	entrimo de del Politicia (Artino de la Politicia de La Caracteria de Artino de Artino de Artino de Artino de A	and to many to the distribution to the dindividution to the distribution to the distribution to the distri	
State	Texas		ZIP Code + 4 77061	State	Texas	ZIP Code + 4	76011-5425	
5. Posit	ion in labor organization.	OFFICE	**************************************			unger		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.								
Name and address of Employer (including trade name, if any).				7.a. Nature of Interest, Transaction, or Income.				
Name				and the state of t	tte der til State de State for State State State state som en	en e		
Trade Name, if any:								
P.O. B	lox, Bldg., Room No., if any					and a construction of the second of the seco		
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City					general de single de la collège de la collèg			
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Signature								
subm	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Sign	ed James .	45	Rugado	3-16-06 832-	687-98.	55		

Date

Telephone Number

Name of Person Filing JAMES SHOEMAKER "	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name T.I.E.A.T.J.U.F. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 604 NORTH GREAT SOUTHWEST PKWY City ARLINGTON State Texas ZIP Code + 4 76011-5425	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name T.I.E.A.T.J.U.F. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 604 NORTH GREAT SOUTHWEST PKWY	REIMBURSEMENT FOR LOST TIME						
Same particular segretary and the segretary and	11.b. Approximate dollar value of such dealing.						
City ARLINGTON :	12.a. Nature of interest held or income received.						
State Texas ZIP Code + 4 76011-5425	REIMBURSEMENT FOR LOST TIME WHILE TEACHING CLASSES.						
	12.b. Amount. \$1,436						
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount. \$1,436						
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. \$1,436						
or from any labor relations consultant to an employer any payment of money	12.b. Amount. \$1,436 er parts A and B above) or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any:	12.b. Amount. \$1,436 er parts A and B above) or other thing of value.						
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